



Office of the State Superintendent of Education

Part 1: Local Educational Agency Information

Full Legal Name of Local Educational Agency DC Bilingual Public Charter School	Name of LEA Executive Director (Public Charter Schools Only) Wanda Perez
Full Address of Local Educational Agency 1420 Columbia Road NW, Washington DC 20009	Email Address of LEA Executive Director (Public Charter Schools Only) wperez@centronia.org
Main Telephone Number of Local Educational Agency 202-332-4200	Telephone Number of LEA Executive Director (Public Charter Schools Only) 202-332-4200 x 1051
Name of Primary LEA Contact for Consolidated Application Programs Wanda Perez	Name of Additional LEA Contact for Consolidated Application Programs Susan Reddish
Position Title of Primary LEA Contact for Consolidated Application Programs Principal	Position Title of Additional LEA Contact for Consolidated Application Programs Grants Manager
Email Address of Primary LEA Contact for Consolidated Application Programs wperez@centronia.org	Email Address of Additional LEA Contact for Consolidated Application Programs sreddish@centronia.org
Telephone Number of Primary LEA Contact for Consolidated Application Programs 202-332-4200 x1051	Telephone Number of Additional LEA Contact for Consolidated Application Programs 202-332-4200 x1067

Part 2: LEA Certification of Assurances

All assurances and certifications included in Phase I of the application represent requirements associated with the federal grant programs included in the Consolidated Application. By signing below, the Applicant certifies that it has read and agrees to all assurances and certifications.

Name of Individual Certifying Phase I Application (Board Chairperson or Chancellor only) Lester Matlock	Signature of Individual Certifying Phase I Application
Title of Individual Certifying Phase I Application (Board Chairperson or Chancellor only) Chairperson of the Board of Directors	Date of Certification (input at the time of signature) 6/20/12

Part 3: Additional LEA Certification

The Phase II application must be returned to the Office of the State Superintendent in accordance with the established deadlines. The Superintendent will allow a minimum of 90 days for completion. By signing below, the Applicant certifies that it will submit an approvable Phase II application in accordance with the deadlines or risk the denial of funding under this Phase I application.

Name of Individual Certifying Phase I Application (Board Chairperson or Chancellor only) Lester Matlock	Signature of Individual Certifying Phase I Application
Title of Individual Certifying Phase I Application (Board Chairperson or Chancellor only) Chairperson of the Board of Directors	Date of Certification (input at the time of signature) 6/20/12

SUBMIT BOTH A MICROSOFT EXCEL VERSION OF THIS FULL WORKBOOK AND A SIGNED, SCANNED OF THIS PAGE BY EMAIL TO CON.APP@DC.GOV.

OSSE Use Only

Date Assurances Received:	
Date Assurances Complete (first date for obligation):	